

# ORDER FOR SUPPLIES OR SERVICES

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**IMPORTANT: Mark all packages and papers with contract and/or order numbers.**

1. DATE OF ORDER 09/08/2004		2. CONTRACT NO. (If any) GS25F0091M		6. SHIP TO: Jerome D. Davis	
3. ORDER NO. DTMA1F04105		4. REQUISITION/REFERENCE NO. PR300040151		a. NAME OF CONSIGNEE DOT/Maritime Administration, MAR-313	
5. ISSUING OFFICE (Address correspondence to)  DOT/Maritime Administration, MAR-380 400 Seventh Street, SW., Room 7310  Washington DC 20590				b. STREET ADDRESS 400 Seventh Street, SW., Room 7313	
				c. CITY Washington	d. STATE DC
				e. ZIP CODE 20590	
7. TO: a. NAME OF CONTRACTOR				f. SHIP VIA	
b. COMPANY NAME Hasler, Inc.				8. TYPE OF ORDER	
c. STREET ADDRESS 19 Forest Parkway				<input type="checkbox"/> a. PURCHASE REFERENCE YOUR:  Please furnish the following on the terms and conditions specified on both sides of this order and on the attached sheet, if any, including delivery as indicated.	
d. CITY Shelton		e. STATE CT	f. ZIP CODE 06484-9756	<input checked="" type="checkbox"/> b. DELIVERY - Except for billing instructions on the reverse, this delivery order is subject to instructions contained on this side only of this form and is issued subject to the terms and conditions of the above-numbered contract.	
9. ACCOUNTING AND APPROPRIATION DATA - - 4750 - 1 - 04 - 010 - - GAJ016 - 131000 - - 2338 - - - - -				10. REQUISITIONING OFFICE DOT/Maritime Administration, MAR-313	

11. BUSINESS CLASSIFICATION (Check appropriate box(es)) <input type="checkbox"/> a. SMALL <input type="checkbox"/> b. OTHER THAN SMALL <input type="checkbox"/> c. DISADVANTAGED <input type="checkbox"/> d. WOMEN-OWNED							
12. F.O.B. POINT Destination		14. GOVERNMENT B/L NO.		15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date)  09/01/2005		16. DISCOUNT TERMS  10 days % 20 days % 30 days % days %	
13. PLACE OF a. INSPECTION    b. ACCEPTANCE							

## 17. SCHEDULE (See reverse for Rejections)

ITEM NO. (a)	SUPPLIES OR SERVICES (b)		QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	SEE LINE ITEM DETAIL						
SEE BILLING INSTRUCTIONS ON REVERSE	18. SHIPPING POINT	19. GROSS SHIPPING WEIGHT	20. INVOICE NO.				17(h) TOT. (Cont. pages)
	21. MAIL INVOICE TO: John G. Hoban						
	a. NAME DOT/Maritime Administration, MAR-330						
	b. STREET ADDRESS (or P.O. Box) 400 Seventh Street, SW., Room 7325			\$20,000.00		17(i) GRAND TOTAL	
	c. CITY Washington	d. STATE DC	e. ZIP CODE 20590				

22. UNITED STATES OF AMERICA BY (Signature) <i>Wayne W. Leong</i>			23. NAME (Typed) Wayne Leong TITLE: CONTRACTING/ORDERING OFFICER		
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## RECEIVING REPORT

## REPORT OF REJECTIONS

OPTIONAL FORM 347 (REV. 6/95) BACK

ORDER FOR SUPPLIES OR SERVICES  
SCHEDULE - CONTINUATION

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**IMPORTANT: Mark all packages and papers with contract and/or order numbers.**

DATE OF ORDER 09/08/2004		CONTRACT NO. GS25F0091M		ORDER NO. DTMA1F04105		
ITEM NO. (a)	SUPPLIES OR SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
0001	Postal Account Funding  Funding of Hasler TMS (Postage) Account for the United States Merchant Marine Academy, TMS Account #.187058.  <i>Delivery Date</i> <i>Start Date</i> <i>End Date</i> 09/01/2005      09/01/2004      09/01/2005  Reference Requisition: PR300040151	1.00		20,000.000	20,000.00	
TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17i) ➡ \$20,000.00						

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## SECTION G -- CONTRACT ADMINISTRATION DATA

### G.1 REMITTANCE INFORMATION

Funds are to be wire transferred to:

CMRS/Hasler  
Citibank  
111 Wall Street  
New York, NY 10043  
ABA# 0210-0008-9  
Account # 4067-8617

Checks may be submitted, payable to the U. S. Postal Service  
CMRS-TMS  
PO Box 7247-0217  
Philadelphia, PA 19170-0217

Indicate on check TMS Account #187058